A MODEL FOR DENTAL INTEGRATION

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Goals for Dental Integration (Global View)

- To actualize the Surgeon General's vision of streamlining and force shaping of Navy Medicine
- Increase efficiency and enhance fiscal responsibility
- To enhance business practices

Goals for Dental Integration (MTF Level)

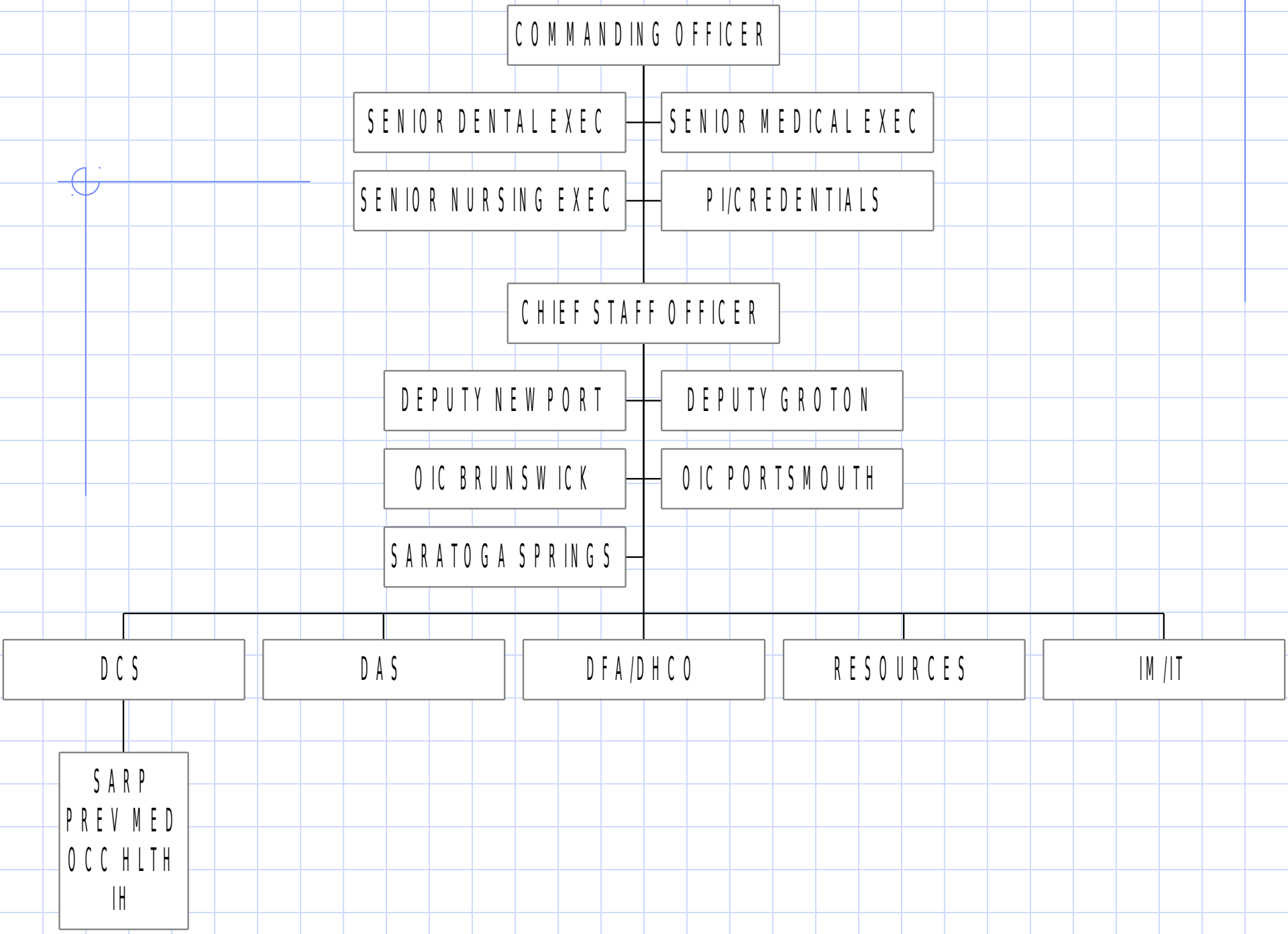
- Redefine Organizational Structure
- Identify roles and responsibilities of new positions
- Provide clear communication to staff
- Develop POA&M with same components (i.e. JCAHO Standards)
- Review and incorporate Instructions and Standard Operating Procedures
- Align command committees to reflect dental representation, i.e. ESC, ECOMS, Local Leadership Board

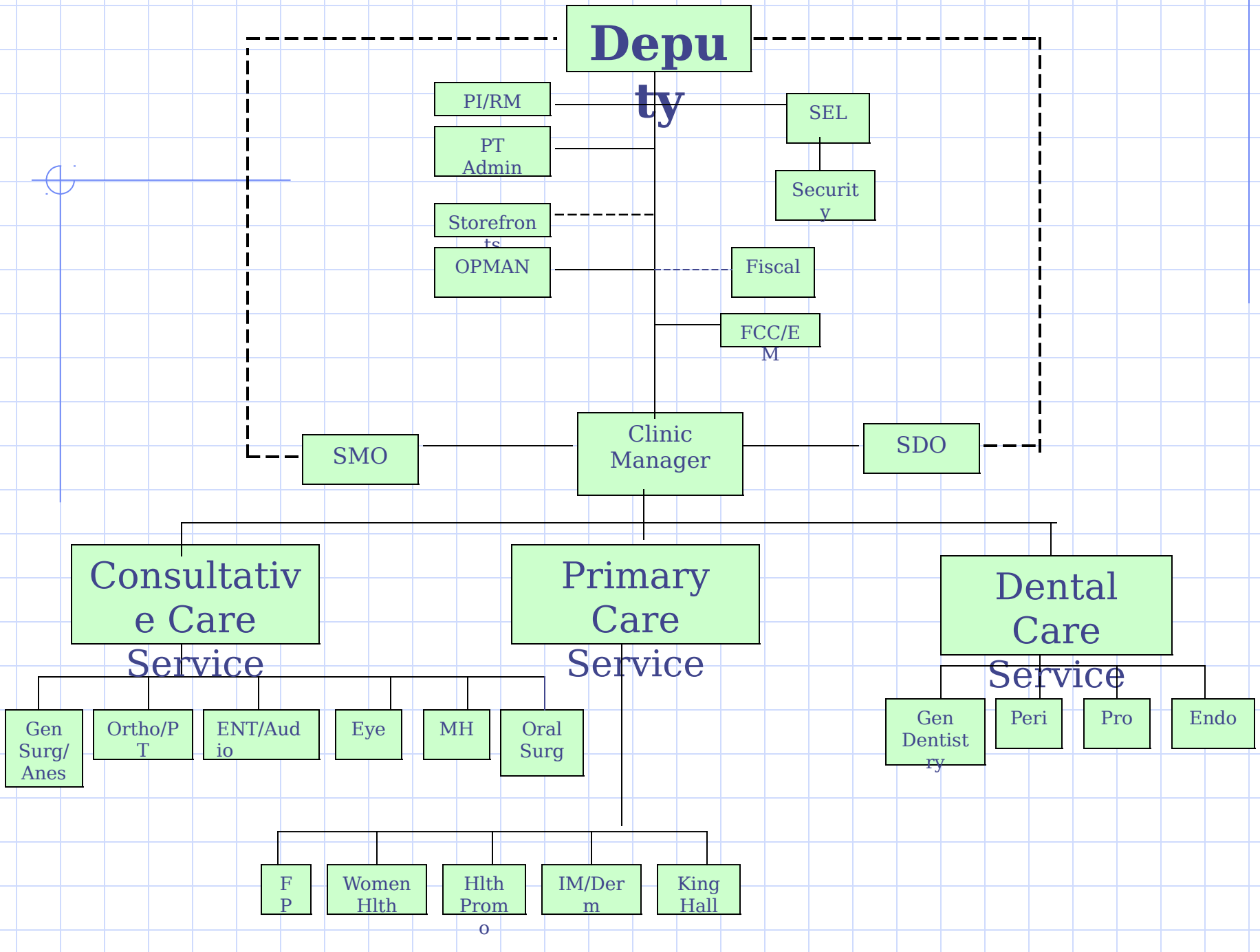
Evolution

- Strategic planning meeting with Medical & Dental leadership
  - Establish command organization structure
  - Identify roles required to meet the mission
  - Identify and dissolve duplicative roles and collaterals duties
  - Establish action plans to meet the integration deadline date

Evolution (cont)

- Establish Local Organizational structure
  - What will it look like
  - Identify if dental will be a separate service or integrate into an existing service (i.e. General Dentistry into Primary Care and Oral Surgery into Consultative Services)
  - Integrate dental leadership into the local org. structure
  - Clearly articulate and design administrative line of responsibility, i.e.
    - Evals/Fitness reports, Leave, special request chits, etc


COMMANDING OFFICER
SENIOR DENTAL EXEC
SENIOR MEDICAL EXEC
SENIOR NURSING EXEC
PI/CREDENTIALS
CHIEF STAFF OFFICER
DEPUTY NEWPORT
DEPUTY GROTON
OIC BRUNSWICK
OIC PORTSMOUTH
SARATOGA SPRINGS
DCS
DAS
DFA/DHCO
RESOURCES
IM/IT
SARP
PREV MED
OCC HLTH
IH


Deputy
PI/RM
PT Admin
Storefronts
OPMAN
SEL
Security
Fiscal
FCC/EM
SMO
Clinic Manager
SDO
Consultative Care Service
Gen Surg/ Anes
Ortho/PT
ENT/Audio
Eye
MH
Oral Surg
Primary Care Service
FP
Women Hlth
Hlth Promo
IM/Derm
King Hall
Dental Care Service
Gen Dentistry
Peri
Pro
Endo

Evolution (cont)

- Redefine roles and responsibilities:
  - Two new positions created, Senior Medical and Dental Executives
  - Program managers – to assume responsibility of program components from dental counterparts i.e. Safety, IM/IT, Equipment, PI/RM/PS, etc
  - Storefront managers – to integrate dental sites into existing program responsibilities

Evolution (cont)

- Complete Fact & Justification package, reduce dental headquarters staff
- Identify billets for deletion i.e. CO, XO, DFA, etc. (5 of 21 support billets moved to NHCNE)
- Prepare TTFMS packages, as appropriate
- Dissolve dental UIC - dental staff placed under clinic UIC's (BUMED level)

Evolution (cont)

- Concerns addressed:
  - Eval Signature Authority – Rank criteria
    - Dental personnel will be ranked with medical and signed as currently authorized
  - LCPO/LPO – Need to justify keeping admin positions
  - Transfer admin positions to maintain dental at corporate level
    - SME/SDE

Lessons Learned

- Communication of Chain of Command
  - Who signs: Leave, Special Lib, Fitreps etc
- Prioritize the taskings of dental staff
  - Dental leadership can feel overwhelmed by multiple tasks from multiple people
- Learning curve steep for both medical and dental staff
  - Don’t note that differences in processes as being wrong. Dental is doing things differently.

Lessons Learned (cont)

- Make the timeline realistic and obtainable.
- Medical leadership to tour dental areas weekly
  - Program Mangers, Storefronts etc
  - Allows for face time and Q&A.
- Minimal understanding of JCAHO
  - PI proved familiarization brief to dental